

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

101009916

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49								
50								
TOTAL IND.	10		10					
TOTAL DEP.	10		33					
TOTAL CLAIMS	52		43					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

